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State Very 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

If death occurred in a hospital or institution, give its NAME Instead

of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ... to ... Carreran (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) 1D NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. __ mos. State yrs. _ _ ds. Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeeper's mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichue cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgcuital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for Never report



V. S. No. 1.

UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or Gity Bryds. (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Z [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH June 6. , 1888.	Aug. 1912 to Jan 194, 1914.
(Month) (Day (Year) 7 AGE It LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at 42m. The CAUSE OF DEATH* was as follows: Full work any full seculose.
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Duration) 2 yrs mos ds.
(State or country) Muyland 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Mayland 12 MAIDEN NAME OF MOTHER OF MOTHER 7	(Signed) (Boration) yrs ds. (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the of death
(Informant) (Address) (Add	Usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS MM. 25 -10 ADDRESS MM. ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinelicis of lungs, meninges, peritonaeum,

mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," cause for For VIO-



No. 1. υĝ

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. properly classified. should be AGE carefully supplied. that It See Instructions on back of Every Item of information should be CAUSE OF DEATH in plain terms. s DEATH in plain terms. Important. 8 ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make White Single, Manual Whowed, OR OLVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I lest saw h 2 allve on / -/5-)4 ,191
BOCCUPATION BOCCUPATION A COR MIN. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Batto. My,	Contributory Cardiac assistania - Symula Secondary Guration) yrs mos ds
10 NAME OF FATHER Mahlon H. Austin.	(Signed) / Moulding, M. D.
OF FATHER (State or country) MINITED TO STATE OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Montgy, Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Many C. Austin,	If not at place of death? Former or usual residence.
Filed // 17 191 4 John L. Lewymer REGISTERS	Mt Grow Church DATE OF BURIAL 20 UNDERTAKER ADDRESS A CHER OF BURIAL ADDRESS A CHER OF BURIAL ADDRESS A CHER OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of iilshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, perttonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Seuile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Couvulsions," "Debllity" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.; affection need not be stated unicss important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a dcfinite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



PERMANENT RECORD

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

-Every item of information should be CAUSE OF DEATH in plain terms, s

N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 1. 2/2

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

			0	1/
Registration	Dist.	No.	1	10

St.;....Ward)

[if death occurred in a hospital or institution,

FULL NAME TROSA MAN	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fremale Black (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED. Lingle WIDOWED, DRDIVDRCED (Write the word)	18 DATE OF DEATH 22 ,1914 (Month) (Day (Year)
6 DATE OF BIRTH	that I last saw here alive on that I alternded deceased from
7 AGE (Month) (Day (Year) 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at H. H.O.A.m., The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) + yrs + mos (a ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	Contributory Secondary (Doration) yrs mos ds. (Signed) & While M. D. Jan 2 B, 1914 (Address) Problem (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Manual State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Behwell 388	Where was disease contracted, it not at place of death? Former or usual residence
Filed Jan 23, 1914 That Rouse Ewwhit REGISTRAR	DATE OF BURIAL Lugarlond 20 UNDERTAKER ADDRESS Probaville

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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lesis of lungs, meninges, peritonaeum, etc., pnenmonia"); Lobar brospinal meningitis"); term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pnenmonia," "Cronp";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE Typhoid force (never report "Typhold unqualified, is indefinite): Tubercupncumonia; Bronchopneumonia Diphthcria "Epidemic cere-(avoid use

> oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head or by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease cansing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion,"



V. S. No. 1.

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DEATH in plain terms, so that it may be in See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. S N. B.

	1 PLACE OF DEATH	STATE OF MARYLAND
	mindi	CERTIFICATE OF DEATH
Co	unty Management	Registration Dist. No. 2/2
Vil	lage or City Lowlesselle (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	WENGAL GESTIONED AND STATE
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Region (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
5 D.	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	2 16,1913/	that I last saw h alive on 191
TA	(Month) (Day (Year)/	and that death occurred on the date stated above, at & P.m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
80	CCUPATION TO MOS	mosher green history
(a) Trade, profession, or	A Premunea
-	rticular kind of work	
bus	ciness, or establishment in ich employed (or employer)	(Duration) yrs mos ds
	(State or country) Powler months	Contributory
	10 NAME OF FATHER Sussess Brenzos	(Signed) 6 of of officers (Signed) 6 of officers (Signed) 6 of officers (Signed) 6 of officers (Signed) 6
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER Cless Prices	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Monly Co Mod	At place In the ot death yrs mos ds. State yrs mos ds
4 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant) alex Pricles	Former or usual residence
	(Address) Lovleville Dood	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	O = 111 mill C months	20 UNDERTAKER ADDRESS
FI	led and to 191 The White	Pal. 12 = 1 D. 1. 10

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Icsis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia time and eausation), using always the same aeeepted causing death (the primary affection with respect to ("Pneumonia," "Croup";) prospinal term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemie eere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid (avoid use of

> ample: Measics (disease causing death), 29 naut neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ete., of..... (uame origin; "Caneause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuel, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coutheula," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

-Every item of information should be CAUSE OF DEATH in plain terms, s

m

ż

DEATH In plain terms,

AGE

carefully supplied.

See Instructions on back of certificate.

Important.

16

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

PERMANENT stated EXACTLY.

V. S. No. 1.

1 PLACE OF DEATH

720

STATE OF MARYLAND

ADDRESS

County Moul gomesoy	CERTIFICATE OF DEATH
Village or City Sellman (No	Registration Dist. No. 220 [it doain occurred is a hospital or iostitution, give its MAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Jane 4, 191. (Month) (Day (Year	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191
TAGE Atill Bone 1 day	snd that death occurred on the date stated above, at
(b) General nature of Industry, businoss, or establishment in which employed (or omployer)	Contributory (Duration) yrs mos ds.
10 NAME OF Jul 14. Cham by	Secondary (Signed) E. M. Muiles (Signed) M. O.
OF FATHER (State or country) alabama 12 MAIDEN NAME OF MOTHER Hathaway Amith 13 BIRTHPLACE OF MOTHER (State or country) Alabama	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Interment) Williams H Chaus on	Whore was disease contracted, It not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

ness. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Scnile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, The contributory tetanus) may be stated under the head of Mcasics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report For vio-EX



carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS See Instructions on back of certificate. DEATH in plain terms, so should be N. B.—Every Item of CAUSE OF Important. S

1 PLACE OF DEATH

County Moulyoursy

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	220

Registration	Dist.	No.	0	0

Village or City Banksville (No	St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maly Black Single, MARRIED, Suite les ORDINACED (Write the word)	16 DATE OF DEATH Still Bone, 191— (Month) (Day (Year) 17 I HEREBY GERTIFY. That I attended deceased from
S DATE OF BIRTH Jaw 10 1914	, 191, to, 191,
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	Still Born (5 months)
business, or establishment in which employed (or employer)	Contributory Secondary
10 NAME OF Earnest Colaga Ell	(Signed) . M. M. Litter, M. D.
11 BIRTHPLACE OF FATHER (State or country) Many factor 12 Main NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. Af place In the of death yrs, mos ds Where was disease contracted,
(Informant) Carrier to the BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence.
(Address) Garceswell & MA	Mo Suival Date of Burial 19 PLACE OF BURIAL DATE OF BURIAL 19 PLACE OF BURIAL 10 PL
Flied Mar & 1914 J. M. Mulle	No huntertaker ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

· [Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 9 1914
BUREAU, V.S.

V. S. No. 1.

N.B.

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH 722 County Municipality Village or City Chry Chry Chry 2FULL NAME alvin Seco	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [it death occurred to a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, CABINERCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	a Capital Traction R. R. Less + most and y killed (Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER HUNEN S. burlis	(Signed) Thos K, lavnad, M. D. Joul 2, 191 H (Address) bhuy bhase md.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 1 STATE OF COUNTRY)	*State the DISEASE CAUSING DEATH, OF, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Harry & leutis	Where was disease contracted, It not at place of death? Former or usual residence
(Address) lawy Johask 31.	Washington Do Date of Burial Washington Do Date of Burial 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registi	Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1. OX

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. gainfully employed, as At school or At home. additional live is provided for the latter statement; who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Oid Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



DR. THOMAS CONRAD 10 East Oxford St. CHRVY CRASE, - MD.

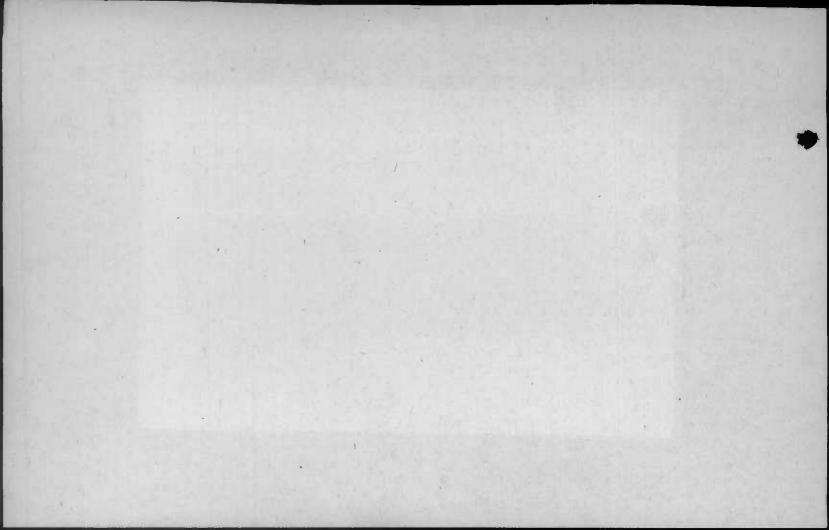
TELEPHONE, CLEVELAND 460

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of spine out whoo & abdomofweed & intestines out
afail. Right and off

Thod. K. Comad m.D.



N. B.

1 PLACE OF DEATH

County Montgomeny	CERTIFICATE OF DEATH
	Registered No. 218
Village or City Washington Grove (No.	St; Ward) [If death occurred in a hospital or institution give its NAME losteat of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH Jany 20, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH January 15" 1914	, 191.4, to , 191.4
(Month) (Day) (Year) AGE if LESS than t day,	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
(State or country) monty. Co. md	(Secondary)
10 NAME OF Robert Davis	(Signed) AB Backler , M. O. Jany 20, 1914 (Address) Janhershay med
OF FATHER (State or country) Md 12 MAIDEN NAME OF MOTHER & carillar Waters	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
(Informant) Europe Savis	Where was disease contracted, if not at place of dealh? Former or usual residence
(Address) Mushington hove mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9 90 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Begis tran	r, 6 E. Franklin St., Balto., Equesting V. S. No. 1.

STATE OF MARYLAND

iApproved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage, as "Purrerral scotichaccause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BUREAU. V.S.

No. υż

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PERMANENT UNFADING INK-THIS

properly classified. Exact statement of OCCUPATION is very RECORD carefully supplied. that it may be certificate. of information should be obEATH in plain terms, so See instructions on back of Item Every Item CAUSE OF important.

724 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2222

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead

FULL NAME Bernard Hogas	Digdelson of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH January 2.0, 1914 (Month) (Day) (Year)
6 DATE OF BIRTH July 18th, 1912 (Month) (Day) (Year)	Jan. 1914, to Jan. 20, 1914, that I last saw h. man alive on Jan. 20, 1914
7 AGE it LESS than 1 day, hrs. OR	and that death occurred on the date stated above, at 2:50 P. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Derochofmenoria
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Y Manual **T. Md	Contributory Securition yrs. — mos. 8 ds. (Secondary)
10 NAME OF James Dickerson	(Signed) Howard H Howlett, M. D. Jan. 20, 1914 (Address) Liber Spring, Mcl.
IT BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
OF MOTHER Grene Clark 13 BIRTHPLACE OF MOTHER (State or country) St. Marys Co., Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) James 12 THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Silver Fring, Md	Forest Glew, m. J. Jan. 21, 1914
Filed Jan. 21, 1914 Howard H. Howlett Defenty REGISTRAR	W. R. Pumpliner Rocleville m. 1

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfuicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is iess definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Tuerperal scotichae--A part failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Never report Examples:



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important.

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1 PLACE OF DEATH

725

STATE OF MARYLAND CERTIFICATE OF DEATH

Car	inty miles	CERTIFICATE O	F DEATH
COL	HILLY come the other the delicate the delicate from	Registration Dis	t. No. 2/2
Vill	2FULL NAME Munamide	St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Te	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day (Year)
_	(Month) (Day (Year)	that I last saw h alive on	, 191 ,
7 AC		and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, atm,
(a) par (b) busi	CCUPATION Trade, profession, or tlicular kind of work	Crulinguel &	Zryż mos ds.
	RTHPLACE (State or country)	Gontributory	
OF TATHER RELICIONAL SELECTION OF THE SE		(Signed) (Signed) *State the Disease Causing Death, or Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	nd (2) whether Acciden-
а 14 т	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INTOFRANT)	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State Where was disease contracted, If not at place of death? Former or usual residence.	yrs ds
16	(Address) Dickerom bond	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File	ed toh 3 , 191 f	20 UNDERTAKER James	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustiou," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (discuse causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Aecidental drowning; Struck by raiticay train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1914
BURLLAU, V.S.

No. υż

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RECORD PERMANENT UNFADING INK-THIS WRITE PLAINLY,

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. properly classified. should AGE carefully supplied. may of information DEATH in pials CAUSE OF important. 8

1 PLACE OF DEATH 726 County Moutgomey

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Ilt death occurred in

Vi	2FULL NAME Still born childs	Emura o John Duffin	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	A 4 COLOR OR RACE SAINGLE, MARRIEO, WIDOWED, OR ON ONO CED (Write the word)	17 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I	(Day) (Year)
8 D	(Month) (Day) (Year)	that I last saw h alive on	, 191,
TAG	It LESS than 1 day,	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, atm,
(a) par (b) busi whi	Trade, profession, or ficular kind of work	(Duration) Contributory (Secondary) (Duration) (Signed) (Address)	4. C. M. D.
ARENT	OF FATHER (State or country) Mouty only Se Mal	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	In deaths from VIOLENT (2) whether ACCIDEN-
147	13 BIRTHPLACE OF MOTHER (State or country) Montgorning Co HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALA. OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State Where was disease contracted, it not at place of death?	yrs, ds
15 Fil	(Address) Beach Rodge Jud. ed Feb 3, 191 4 2 Why REGISTRAR	19 PLACE OF BURIAL OR REMOVAL BOYA 20 UNDERVAKER LLL DOWN	DATE OF BURIAL 129 , 1914 ADDRESS Parles ville by

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the dibease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," anqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage. as "Turnperal schtichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock." "Traemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Kart failure," "Haemorrhage," "Inanition," "Marasoma. Surcoma. etc., of __ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maig-The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent (name origin; "Can death), 29 ds.; State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1914
BUREAU, V.S.

F. S. No. 1.

County Mon	typ.	- /	CERTIFICATE OF DEATH Registration Dist, No.
Village or City	Achsah	a. 90	St.; Ward) [it death ecc a hospital or in give its NAME of street and ou
PERSONAL AN	D STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
-1	OR OR RACE SINGLE, MARRIED, WIDOWEO, OR OIVORCEO (Write the wor		18 DATE OF DEATH (Month) (Day) (Y 17 I HEREBY CERTIFY, That I attended decease
6 DATE OF BIRTH	(Month) (Day)	(Year)	that I last saw here allye on Alexander 19
7 AGE 66	rrs. 2 mos. 1 ds.	If LESS than 1 day,hrs. ORmin.?	and that denth occurred on the date stated above, at
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Selection (State or country)		Sublities (Duration) yrs. mos.	
		(Secondary) (Duration) (Duration) (Duration)	
10 NAME OF FATHER 9 11 BIRTHPLACE	Buy Du	trows	(Signed) 3 my Claress) Graby my.
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	mud.		*State the DISEASE CAUSING DEATH, or, in deaths from VIO CAUSES, state (1) MEANS OF INJURY; and (2) whether ACC TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	and,		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos,
Informant) B. H. Brahow		Where was disease contracted, If not at place of death? Former or usual residence	
	L- word	115	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	y equal S		Hyattstoning, Jan. 135,

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Civil engineer, Stationary Areman, etc. But in many been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies-to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

childbirth or miscarriage, as "Purperal scotichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic -Kart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never repor Examples:



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PERMANENT stated UNFADING pinous WRITE 50

state Very PHYSICIANS should of OCCUPATION IS statement Exact classified. supplied. pe may certificate. that ō terms, in back piain Instructions 2 0 OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

If death occurred is a hospifal or institution. give ifs NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PSEX 6 SINGLE. DATE OF DEATH ADLOR OR RACE MARRIED. 1914 WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 50 (Month (Day (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE . 191 (Address) OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country) OR RECENT RESIDENTS) Af place State Where was disease contracted. If not af place of death? Former or (Informanf) usual residence (Address .15 20 UNDERTAKER DDRESS Filed. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to cach and every person, irrespective of age. tion is very important, so that the relative healthfuimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

injury, as fracture of skuil, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Of



V. S. No. 1.

(Address).....

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N. B.—Ever CAU Impo

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RECORD	PHYSICIANS S
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is
HIS IS A P	should be stally classified. I
NG INK-T	ay be proper
H UNFADI	so that it m
AINLY, WIT	ery Item of Information should be carefully suppuSE OF DEATH in plain terms, so that it may
WRITE PL	or DEATH in
	usE

state

PLACE OF DEATH 799	STATE OF MARYLAND
County Montg.	CERTIFICATE OF DEATH
Village or City Darthassburgno.	Registration Dist. No. 9 8
FULL NAME Garafi Elizab	a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH Javing. 23, 1914 (Month) (Day (Year)
Month (Day (Year)	that I last saw h alive on facing 22 , 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry,	Broucho Priema oria
business, or establishment in which employed (or employer)	(Duration) yrs mos 10 ds
9 BIRTHPLACE (State or country)	Contributory Malautsities Secondary
10 NAME OF FATHER DOSSAY DOSSAY	(Signed) AT3 34 add a f M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
OF MOTHER Margaret, Cervold 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence

20 UNDERTAKER

REGISTRAR 1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dntles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persous "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiffed, 1s Indefinite): Tuberculesis of lungs, meninges, perifonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report



PERMANENT UNFADING

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731 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County YHOM Registration Dist. No. Ilt death occurred in Village or City. (No Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDDWED. (Month) (I)av (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH alive on (Month) (Bay (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day, hrs.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE If not at place of death? usual residence.... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ... 191.5 20 UNDERTAKER ADDRESSA REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) Farmer or Planter, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia lessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails: ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septichac cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) (Recommendations on statement of may be stated under State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

County Montgoney 731	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 217
Village or City III John (No. 6)	St; Ward) [It death occurred la a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remole Colored Single, Market Widowed, Widowed, Widowed, With the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 18.74 (Year) 143,hrs. 0Rmin.?	that I last saw h & slive on freeze of 1914, and that death occurred on the date stated above, st 6 - 0 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory J. 13. Preservery
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Deration) yrs mos do. (Signed) (Signed) , M. D. *State the Disease Causing Dearty, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER CLASS MELLEY 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1BLENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place la the Cof death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Bensington In D 16 Filed Jaw Get, 1814 Blag Facquelor RESISTRAR (If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL Motunt from Lene Land Community 20 UNDERTAKER ADDRESS Augusturante
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healtbful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (e)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. cbildblrth or miscarriage. as "PUEEPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Teart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maile oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 4 13 v INK-THIS properly supplied. pe UNFADING may that it 80 o WITH PLAINLY plain 2 WRITE 10 Every item CAUSE OF Important.

1 PLACE OF DEATH state PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH 19 (Day (Month) TAGE If LESS than 1 day C. hrs. ORCA.min. ? .a... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER terms, n back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 6 12 MAIDEN NAME instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) See instru 14 THE ABOVE IS TRUE TO THE BEST (Informant)

(Address)

15

STATE OF MARYLAND

ERTIFICATE OF	DEAT	'H
Registration Dist.	No. 2	Stp
st.; Ward)	give its	th occurred in I or institution, NAME instead and number.]
EDICAL CERTIFICATE OF	DEATH	
TH Jan (Month)	19 (Dav	, 1914 (Year)
EREBY CERTIFY, That I	attended de	ceased from
191, to	**********	191,
alive on		, 191
curred on the date stated a	bove, at	m
EATH * was as follows:	da -	0
Lo Greath	mut	le
(Duration)		

 *******************************	, 19t	(Address)	Di	w	en	0701	A
*State the I CAUSES, state TAL, SUICIDAL,	(1) Mi	EANS OF	DEATH, INJURY;	or, in	death (2) wl	s from aether	VIOLEN ACCIDE

At place		In the			
of death yr	's mos	ds. State	yrs	mos	ds.

If not at place of death?

DATE OF DEA

that I last saw h

and that death oc

The CAUSE OF D

Contributory

Secondary

(Year)

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIA

ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

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mia," "Puerperal peritonitis," etc. State cause for mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac ctc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from Meastes (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhanstion,"



V. S. No. 1.

A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

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1 PLACE OF DEATH Monlyower

733

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Fif doath accurred in

FULL NAME Print &. The	St.; Ward) a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, Married WIDDWED, Married DROINVORCED (Write the word)	16 DATE OF DEATH Jan 6 ,1914 (Year)
Math 27. \$1883 (Month) (Day (Year)	that I lest saw h & alive on Del 3/ 1915
7 AGE If LESS than 1 day,	and that death occurred on the data stated above, at Tm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or Housewife particular kind of work. (b) General nature of Industry, business, or establishmeot in which employed (or employer)	Juliu ou ary Vistorialosis (Duration) yrs mos ds.
* BIRTHPLACE (State or country) / Jack	Contributory Secondary Tooration yrs mos ds
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OTH	(Signed) M. M. O. Active January M. O. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Relace A / Cholson 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Comments M. Miller Filed and 7 1914 M. Miller FEGISTRAR If more blanks are needed, address State Region	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Manuarel Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 9 1914 BURBAU, V.S.

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PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in ..Ward) a hospital or institution. give its NAME instead ates Kinne of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, Marreed WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 866. (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated shove, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in 713..... which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH OF in death of CAUSES, state (1) MEANS OF INJURY; and (2) wheth TAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER Man 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIERTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death yrs. mos. ds. State yrs. ____ ds Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or (informant)usuai residence 19 PLACE OF BURIAL DATE OF BURNAL 15 20 ANDERTA ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be snificient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But iu many As examples: "Foreman,"

pneumonia"); prospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted causing death (the primary affection with respect to lesis of lungs, meninges, peritonacum, etc., ("Pnenmonia." "Cronp";) Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereu-(never report "Typhoid Carcin-

> ctc., whou a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "As affection ueed not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae "Heart fallnre," "Haemorrhage," "Inaultiou," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee ou Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) dent; Revolver around of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), may be stated under (Recommendations ou statement of (secondary or Intercurrent) "Dropsy," "Exhaustlou," State cause for Never report



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. that it may be properly classified. certificate. should be WRITE PLAINLY, WITH UNFADING INK-THIS AGE carefully supplied. of information should be of DEATH in plain terms, so See instructions on back of CAUSE OF I

1 PLACE OF DEATH County Montgomery

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lif death occurred in

V	FULL NAME Mrs. almeda Len	St.; Ward) a hospital or Institution give its NAME Instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	male Hile 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEM (Write the word)	16 DATE OF DEATH CAN. 6 , 1914 (Month) (Day) (Year)
6 D	Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1913, to July 25, 1913, that I last saw here alive on 1913
7 A	GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 3 , m The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Trade, protession, or ricicular kind of work) General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE state or country) Marulland	Contributory Serule Devilly (Secondary)
S	10 NAME OF Samuel Friles	(Signed) . Boyer , M. D
ARENT	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
P	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
	(informant), Mis alice Boyer	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) R. F. D. Germanlown M.S.	Salem Cemelery Gedar From 18 Jan. 8, 1914 20 UNDERTAKER ADDRESS
Fi	iled	ADDRESS

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Mex. Carlisle

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphilberia (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencla such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purereral scotichae ctc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Traemia," "Weakness," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) "Contributory." sepsis, totanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... injury, as fracture of skuli, and consequences (e. g., Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendatious on statement of may be stated under the head (name origin; "Can-State cause for Examples: 20



Village or City Dur Amed (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/8 St; Ward) [If death occurred in a hospital or institution
* FULL NAME agnis Esnal	ince Henrinau ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Colored Single, Marriel Windows, Woods (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from
Muscle 19th, 1886 (Month) (Day) (Year)	that I lest saw hem alive on Dakens All 1914.
7 AGE 1 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9.150 m. The GAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	That is like
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Callfullal Schices
OF MAME OF FATHER COUNTRY) 10 NAME OF FATHER COUNTRY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Montague Co	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Sientor D Winners	Where was disease contracted, If not at place of death? Former or usual residence
(Address) During Tool 4/9/517	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan (* 1814)
Filed gam 4 19146. B. Thomas mal	address Sally Sally
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the bousehold only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-good such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genitai," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant ncoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... tctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



PLACE OF DEATH 737	STATE OF MARYLAND
County Mint mery	CERTIFICATE OF DEATH Registered No. 223
Village or City/afesse Paskino. St.	Ward) [If death occurred in a hospital or institution, give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale Atite Sainale, Married Wisowes Murred ORDINGRED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH April 4, 1882 (Month) (Day) (Year)	that I last saw harmalive on fam 3
TAGE 3/yrs. 9 mos. 27 ds. or. min.?	and that death occurred on the date stated above, at 8x30 a,m. The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or Housewife	J. M. KANNIN BANGER J. M. W. C. M. S. L. C.
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs 6 mos ds
State or country England	Gontributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER THE MANNE UNKNEWN HELMAN 11 BIRTHPLACE OF FATHER (State or country) M 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs, mos ds.
Informant and	Where was disease contracted, If not at place of death? Former or usual residence
(Address) La Steering Part Mady	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wash 2, 191 4
Filed Jan 21 , 191 4 HE JOSENS REGISTRAR	Start Which 6 ,337-10
if more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Pursernal septicharetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of .. by carbolic acid—probably suicide. The nature of the LENT DEATHS State MEANS OF INJUSY and qualify as Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can-State cause for Examples :



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C mportant. See instructions on back of certificate.
RWANE	EXACTI ct staten
A PEI	e stated
HIS IS	should by classiff
NK-T	L. AGE
DING	supplied may be
UNFA	Every item of information should be carefully sur GAUSE OF DEATH in plain terms, so that it ma mportant. See instructions on back of certificate.
ITH	s, so
Y. W	should n term on ba
LAINL	nation in pial
ITE P	DEATH
WR	Item of Itant Stant. S.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or Institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Day (Year) I HEREBY CERTIFY. That I DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributor (State or country) 10 NAME OF FATHER ARENTS BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos, ds. State yrs. ____ mos. Where was disease contracted, If not at place of death? Former or usual residence. 15 20 UND REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (relired 6 yrs.) For persons been changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But iu many CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupamany occupatious a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonilis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "Asoma, Sarcona, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomeuela-"Contributory." sepsis, tclanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. by carbolic acid-probably suicidc. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal schlichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of (secondary or intercurrent) State cause for Never report ds.;



No. υż Important.

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RECORD PERMANENT UNFADING INK-THIS WITH

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. properly classified. should be AGE carefully supplied. that it may be of Information should be of DEATH in plain terms, so See Instructions on back of WRITE PLAINLY. Every Item CAUSE OF Item

1 PLACE OF DEATH County Montgomery

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No
V	FULL NAME William E. Rigg	St.; Ward) [if death occur a hospital or Insti give its NAME II of street and numl
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, Hidowed OR DIVORCED (Write the word)	16 DATE OF DEATH ANNUAL 14, 191 (Month) (Day) (Yea 17 I HEREBY CERTIFY, That I attended deceased in
	March 25 , 18.39 (Month) (Day) (Year)	Dec. 3 1913 to Jan. 14 , 191 that I last saw h allve on Jan. 14 , 191
7 A	GE If LESS than 1 day,hrs. 9 mos. /9 ds. OR min.?	The CAUSE OF DEATH* was as follows:
bus Whi	Trade, profession, or Petried Farmer orticular kind of work Petried Farmer General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE state or country) Maruland	(Duration) Unknown (Contributory Chronic Endocarditis (Secondary)
TS	10 NAME OF FATHER Joshua Rigge.	(Signed) Les M. Boyer An-15, 191 + (Address) Damascus M.
PARENT	OFFATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Edith.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death yrs,
147	(Intermant)	Where was disease contracted, if not at piace of death? Former or usual residence
15	(Address) Sermanlown MA.	Salem Comeley Geden Grove Md. Jan. 16 19
E1	iled 191	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry; and therefore ar Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as minc, etc. essary to know cases, especially in industrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin.

mus," "Oid Age," "Shock," 'Traemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and coasequences (e. g., by carbolic acld-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purneman scotichaectc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLAGE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Moretgomery	Registration Dist. No. 224
Village or City Glen EchoMano. Con.	St.; Ward) * [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Yeat) 17 I HEREBY CERTIFY. That I attended deceased from 1914, that I last saw him alive on Day 1913
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3. A m.
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Frederich Country.	Gudosardita Gran Noistry (Duration) yrs. mps. r. ds. Contributory bardiae Frailire (Secondary) (Duration) yrs. mos. ds.
OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER A MAIDEN NAME OF MOTHER A MAIDEN NAME OF MOTHER	(Signal),
13 BIRTHPLACE OF MOTHER (State or country) M. M. J. G. Commission of the country	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death of yrs, mos. ds. State yrs, mos. ds Where was disease contracted.
(Informant)	front at place of death? Former or usual residence Levy Colors 19
Filed Dinnigs Collins Deputy. RECISTAR	20 UNDERTAKER Clements Long Date of Burial ADDRESS Nach D 6
If more blanks are needed, address State Regis trar, e	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerit should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the pisease Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions." "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 Ca.: valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichae-(name origin; "Cez Never report Examples:



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PERMANENT INK UNFADING

PLACE OF DEATH Very SICIANS should OCCUPATION IS PHYSICIANS 50 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED Exact I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classifled. (Month) (Day (Year) TAGE O If LESS thai and that death occurred on the date stated above, a 1 day. properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry, be business, or establishment in may (Duration) which employed (or employer) 9 BIRTHPLACE Contributory certifica (State or country) Secondary 10 NAME OF FATHER (Signed) 0 0 terms. PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 60 12 MAIDEN NAME DEATH in plain OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country of death _____ yrs. ___ mos. __ State ds. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? 10 Former or OF usual residence. Important. CAUSE PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 7

-Ward)

fit death occurred in a hospital or institution. give Its NAME instead

(Year)

1916

of sfreef and number.]

(Day

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avoid use of "Croup";) Flyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection necd not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of "PUERPERAL septichae-Never report



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PHYSICIANS should of OCCUPATION IS Exact statement PERMANENT EXACTLY. ated properly classified. 4 pe pinous THIS AGE INK supplied. pe UNFADING may carefully sur b that it ma f certificate. 80 of WITH pe in plain terms, ructions on back pinous PLAINLY See instructions information of inform DEATH WRITE OF Item Every item CAUSE OF important.

state

LPLACE OF DEATH County Village or City ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MULLE 4 COLOR OR RACE WIDDWED. ORDIVERCED (Write the word) 6 DATE OF BIRTH (Month) (Day TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS (Interment) (Address 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

DATE OF BURIAL

MEDICAL CERTIFICATE OF DEATH

	/ /			
16 DATE OF DEATH	Have	y	+	1915
	(Mon	th)	(Day	(Year)
The HERI	EBY CERTIFY	26	, ,	
that I last saw hein	alive on	Kle/		, 191
and that death occurre	ed on the dat	e stated at	ove, at	15 m
The CAUSE OF DEAT		illows:	leps	
Selle		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************	
Contributory	ainle	atlon)	yn d	mos 6 ds
Secondary	(Dur	atlon)	.yrs/	mos 6 ds
(Signed) Celle	Address)	Leu	<u> </u>	mus. M. O.
*State the DISEAS CAUSES, state (1) M TAL, SUICIDAL, OF HO	TEANS OF INJ	EATH, or, Ind	deaths fi (2) wheth	Y TOURT ACCION
18 LENGTH OF RESIDENT	ENCE (FOR He	In the	STITUTIONS	, TRANSIENTS.
of death yrs, where was disease contract If not at place of death?			. yrs.,	mos ds
Former or	*****************	5550c15000A000500000000		0 00-000000000000000000000000000000000

OF BURIAL OR REMOVAL

MY KNOWLEDGE

Filed.

REGISTRAR

(Year)

If LESS than

1 day,....hrs.

OR min. ?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKEA



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronie interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds., affection need not be stated unless important. cause of death approved by Committee on Nomenchi-"Contributory." by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childblrth or miscarriage as "Puerperal septietue-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under State cause for Never report the head



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Mont gomere Registered No. OCCUPATION It death occurred in .Ward) PHYSICIANS a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH D'SMIULE! 3 SEX 4 COLOROR RACE MARRIED, WHOWED, RCED te word) 6 DATE OF BIRTH that I last saw h Azzgalive on (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 10,509 ...m. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? properly BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, supplied. business, or establishment in may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) carefully o 10 NAME OF 0 0 back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-60 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain WOF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. _ EATH Where was disease contracted, if not at place of death? PO Former or usual residence OF Item Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every It 15 20 UNDERTAKER ADDRESS REGISTRAR Ø. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balton Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the niseasm Scrvant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(roup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculusis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1914
BURLAL, V.S.

S. No. 1.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. 4 UNFADING INK-THIS IS should AGE carefully supplied. certificate 80 of WRITE PLAINLY, WITH of information should be DEATH in plain terms. See instructions on back CAUSE OF important,

Village or City near Wash Grove (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

..St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number l

	2FULL NAME Lottie V. Su	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Fernal White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	OATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on Jan 27 1914
7 A	28 yrs. 7 mos 22 ds. OR min.?	and that death occurred on the date stated above, at 12.450 m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work		Julierculous of lings (Duration) yrs mos ds
9 B	10 NAME OF THREE Thomas Suter	Contributory William yrs mos ds (Signed) & H. Eleman M. D
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Uirginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death / D. yrs mos ds. State 2 / yrs, mos ds.
14	(informant) Pale Parthershing My (Address) Parthershing My	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL The state of the s
Filed Jan 31 191 6. h. Elchism m. D		20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) (Recommendations on statement of may be stated under the head State cause for Never report



.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atatement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH

N. B.

745 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 211

VIIIage or City Casheffung, (No. 2)	St.; Ward) [if death occurred is a hospital or lostitution, give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jex 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
TAGE TAGE	that I last saw here alive on the date stated above, at 22 mm, The GAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Alex Bird 11 BIRTHPLACE OF FATHER (State or country) Sauth Pawhira 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Sand Carolina 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) Loc A. Fafas	18 LENGTH OF RESIDENCE (FOR MORPITALA, INATITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place in the uf death yrs. 3 mos. ds. State yrs. 3 mos. ds Where was disease contracted, life of at place of death? Former or usual residence.
(Address) Plackshulf IIII 16 Filed Law 24, 1914 Deposit Registran If more blanks are needed address State Page	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen ehanged or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specfstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for "Contributory." sensis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant beoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



V. S. No. 1.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S

PLACE OF DEATH 740 County Montgonery Village or City Burnh Miles (No. 22)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/1/ St.; Ward) [If deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hule Stingle, Marrie J. Widowed, ORDINORCED (Write the word)	I HEREBY CERTIFY. That I attended deceased from
Date of Birth (Month) (Day (Year)	that I last saw having alive on June 7 , 1914,
TAGE If LESS than 1 day,hrs. ORmin.? Convertion (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer)	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Richard Veilek 11 BIRTHPLACE OF FATHER (State or country) 2 Line (State or country) 12 MAIDEN AMME OF MOTHER OF MOTHER OF MOTHER	Contributory Secondary (Boration) yrs mos ds. (Signed) , J, Drown , M. D. *State the Disease Causing Death, or, in deaths from Viotent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where wes disease contracted, if not at place of death? Former or usual residence.
(Address) Selves Skrug, M. J. Flied Jan 7, 1914 M. J. Goows REGISTRAN If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL LEVELSVELLE 20 UNDERTAKER ADDRESS Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. cated thus: eausino death, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," theula," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medicai Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations ou statement of (secondary or intercurrent) death), 29 ds.; State cause for



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or CityWard) PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINOLE. 18 DATE OF DEATH MARRIED. ORDIVORCEO Muned (Write the word) Month) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry, business, or establishment to which employed (or employer) I CARRY BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. mos. .. State _3 5 yrs. Where was disease contracted. KNOWLEDGE If not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER Filed.

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred in

a hospital or institution.

give its NAME instead of street and number.]

(Dav

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Archifect, Locomotive engineer, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 223 [If death occurred in a hospital or Institution, RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED WINDWED. Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE It LESS than 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER. *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER DEATH in plair 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. State _____ yrs, ____ mos. ds. Where was disease contracted. If not at place of death?-See P usual residence... important. Every Ite DATE OF BURIAL 15 29UNDERTAKER ADDRESS 1337-10 Stu REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

iApproved by U. S. Census and American Public Health Association.]

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